|  |
| --- |
| **Early Childhood Education & Care Services (ECEC)**  **Vulnerability Guide Summary Form** |

**Service:** ....................................................................................... **Date: ..............**............................

**Educator/s:** ........................................................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Children** (in Kindergarten/childcare room) |  | Total Number of **Vulnerable c**hildren as identified on the recording form |  |

|  |
| --- |
|  |

**Have you attached a copy of the Vulnerability Data Recording Format for your service?**

**Please complete this summary form and identify each child ONLY by their number on the**

**Vulnerability Data Recording Form.** *(An additional summary form is overpage for use as needed).*

|  |  |
| --- | --- |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |

**Professional Development/Training identified to support ECEC practitioner/s**: .................................................................................................................................................................

.................................................................................................................................................................

.................................................................................................................................................................

|  |
| --- |
| **Form to be returned to Coordinator/Management** |

|  |  |
| --- | --- |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |
| **Child Number:** | **Actions/progress:** |

**FOR MANAGEMENT USE:**

**To be completed by:**

|  |  |
| --- | --- |
| **Manager/Team Leader Name:** | |
| **Date received:** | |
| **Manager/Team Leader discussion with educator/s booked:** | |
| **Discussion areas:** |  |
| **Manager/Team Leader discussion with educator/s completed:** | |
| **OUTCOMES REQUIRED:** | |
| **Action:** | |
| **Person Responsible:** | |
| **Date due:** | |
|  | |
| **Action:** | |
| **Person Responsible:** | |
| **Date due:** | |
|  | |
| **Action:** | |
| **Person Responsible:** | |
| **Date due:** | |

**Additional Notes:** ..............................................................................................................................

............................................................................................................................................................

............................................................................................................................................................

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………